

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE SERVICES
Before the Commissioner of Financial and Insurance Services

In the matter of

XXXXX

Petitioner

v

File No. 85640-001

Metropolitan Life Insurance Company
Respondent

Issued and entered
this 13th day of November 2007
by Ken Ross
Acting Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On October 8, 2007, XXXXX, on behalf of her minor son¹ XXXXX (Petitioner), filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on October 11, 2007.

The Commissioner notified Metropolitan Life Insurance Company (MetLife) of the external review and requested the information used in making its adverse determination. The company provided information on October 11, 2007.

The Petitioner has dental care coverage as an eligible dependent under a group plan sponsored by the XXXXX and underwritten by MetLife. His dental benefits are defined in the group policy (the policy). The issue here can be decided by an analysis of the terms of that policy. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not

¹ The Petitioner, born XXXXX, was a minor at the time the external review was requested.

require a medical opinion from an independent review organization.

II FACTUAL BACKGROUND

The Petitioner has a congenital condition in which two of his front upper teeth did not develop. A pre-treatment estimate/predetermination notice was requested for two implants and related grafts to remedy the problem. MetLife denied the request, citing the policy's exclusion for implantology. After the Petitioner appealed through its internal grievance process, MetLife maintained its denial and issued a final adverse determination dated September 27, 2007.

III ISSUE

Is MetLife correct in denying coverage for the Petitioner's dental implant procedure?

IV ANALYSIS

Petitioner's Argument

The Petitioner's mother says her son's missing teeth adversely affected his daily life, contributing to his low self esteem. She says this became apparent after he received a clear retainer with two false teeth and began smiling.

The Petitioner argues that the bone grafts, implants, and crowns are a lifetime solution, unlike the alternative of two partial bridges which would damage four existing teeth and need to be replaced. He further points out that if an injury had caused the loss of teeth, coverage may have been provided

The Petitioner believes that MetLife should cover the implants to correct the congenital absence of two teeth.

Metropolitan Life Insurance Company's Argument

MetLife says that under the terms of the group policy, benefits for implants and related services are not covered expenses. The policy has this exclusion (beginning on page 10):

**4. Exclusions – Dental Services which are NOT Covered
Dental Expenses**

* * *

(24) Implantology

Because implantology is specifically excluded in the policy, MetLife states that no benefits are available.

Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the Petitioner's policy. Although the Petitioner refers to crowns as part of his treatment, it appears from the "Estimate of Dental Benefits" dated September 27, 2007, that the only services denied by MetLife were the implants, bone graft, and sedation charges. Therefore, those are the services at issue here.

Implantology is that branch of dentistry dealing with the implantation of teeth. The Petitioner's policy is clear: implantology is listed under those dental services that are not covered. Since implantology is not covered, that means that related services (i.e., bone grafts and sedation) are not covered either.

The Commissioner understands the value and importance of these procedures to the Petitioner. Nevertheless, in deciding this case, the Commissioner is bound by the terms and conditions of the policy and the policy specifically excludes implantology.

The Commissioner finds MetLife processed the predetermination request correctly under the terms of the policy when it denied coverage for implants, bone grafts, and sedation.

**V
ORDER**

The Commissioner upholds MetLife Insurance Company's adverse determination of September 27, 2007.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order

in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.